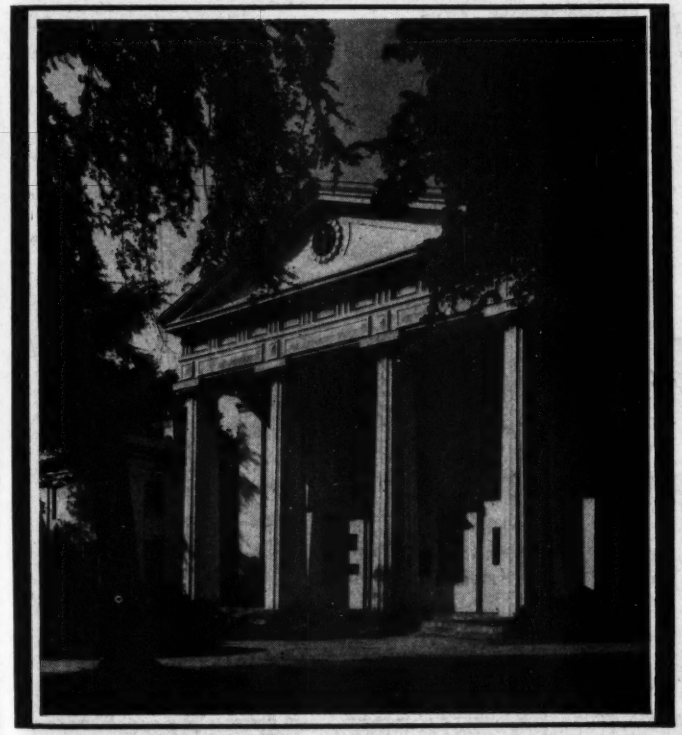
Oral Hygiene

MARCH 1952



Old State Capitol, Little Rock, Arkansas. The annual meeting of the Arkansas State Dental Association will be held in Little Rock, April 6-9.

In this issue: ***High Fees To Suicide***

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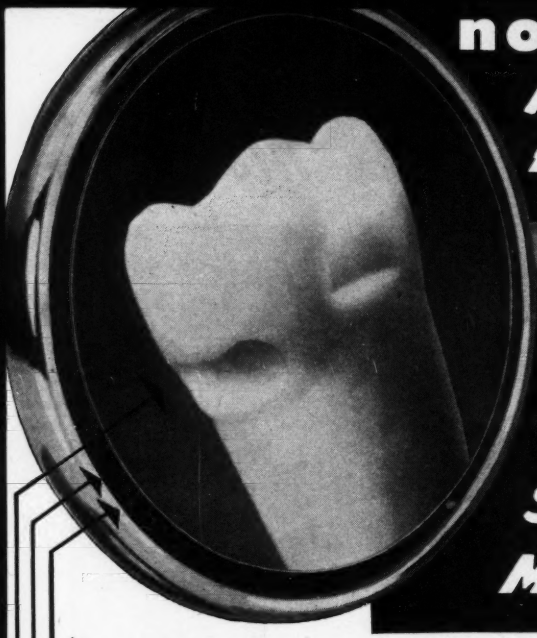
Picture of the Month

DOCTOR and Mrs. Matthew Oppenheim are shown here urging their pet dog, Checker, into his "oxygen tent." Checker is a dingo, a native Australian dog, who has been in this country most of his 12 years. To relieve Checker's severe nightly asthma attacks, Doctor Oppenheim, a Philadelphia dentist, built a doghouse-like structure supplied with oxygen where the dog could sleep with ease. Thanks to this device, Checker has lived on borrowed time since 1948 when a veterinarian gave the dog six months to live.—*Photo by Philadelphia Inquirer.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 *Church Street, Evanston, Illinois.*



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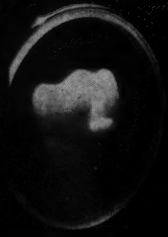

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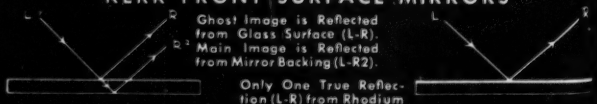

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HIGH FEES

to Suicide

Increasing costs threaten dentistry—the first family budget item to be neglected.

BY JOHN W. COOKE, D.M.D.

IF YOU CREDIT current publicity about the economic condition of dentistry, several impressions may be fixed in your mind. Among them are the following:

1. Registration in dental schools is at an all-time high.
2. There are not enough dentists in private practice because:
   (a) demand is too great,
   (b) civilian ranks are again thinned by military needs, and
   (c) older dentists are dropping out faster than new entries can be conditioned.
3. Fees are high.
4. So-called reconstruction dentistry is practiced extensively.

This reads well—almost as though dentists should not complain. This is correct, but dentists should think and think hard. There are certain population trends that suggest less income rather than less dentistry. These trends will do strange things to profits and many dentists will awaken some morning to realize that they have been dreaming. The awakening will be rough.

All costs have gone up. If there is an end, it is not yet in sight. There are some expenses that are *musts*. They are easy to name—children's clothes, motor cars, and the host of necessary household and consumer goods. Add taxes and insurance to this and the total becomes truly formidable. Family pleasures are usually *musts*

also, whether justified or not. If the household is a young one, it is rarely independent of some subsidy.

In general, the care of human teeth falls into four classes: (1) children, (2) the children's parents, (3) middle-aged people (frequently parents or grandparents), and (4) quite elderly people, the ones usually referred to under the new classification of "geriatrics."

Usually the children are the most important and, of course, the most dependent financially. Frequently, their parents are not wholly self-supporting, drawing their allowances from the third class. The elderly people of class 4, whom chemotherapy appears to have kept alive, are usually the ones who hope to exist on the income from invested capital, if there is any capital. Unfortunately, income from capital is slender, and gain from appreciation of securities is hazardous.

There is small logic in stating that consumer goods be cut to a minimum, because this would create further unemployment than already exists. Also, it would decrease wages, already too low to compete with taxes, insurance payments, installment buying, and luxury goods. Everyone you know buys some type of luxury goods.

There is, so far as I know, no yardstick for a budget to be applied to dentistry. There is a demand for dentistry, but there is a demand for dentistry at a price or, what is worse, at no price. Consequently, this is a budget item that can be and is being neglected.

You need not be a prophet to tell what is going to happen to the dentistry of these four groups. In fact, it is happening already.

Class 1, the children, may have their acquaintance with dentists delayed too long.

Class 2, the children's parents, certainly are deferring needed dentistry because the ones who pay the bills may not be supplying enough to meet the costs.

Class 3, grandparents, are being milked dry so that dentistry, except for emergency items, is omitted entirely.

Class 4, the aged, hopefully referred to by some writers as the gold-mine for dentures, cannot meet taxes out of income, are watching capital shrink, and making pitiful attempts to retard losses.

Any combination is possible. It is not necessary, however, to enter higher mathematics to realize the situation. John Dentist knows that the demands on his time and strength are great. Also, he knows that the costs of maintaining his practice have increased ruinously. He may tell himself that his own fees should be raised to meet these increased costs, and probably he has done it in many cases. If he has, he is making the mistake of his life.

There just is not enough selling

pressure to make a dental public stand an increase in fees without emptying dental offices of patients. Patients have legs and know how to use them. If or when they become shoppers, then public confidence in dentists is at an end, and it will not be regained easily.

The solution is not an easy one. But there is an answer, or a series of them. Consider the following:

1. Dentists must do more units of dentistry, even at the cost of more days work and longer hours in working days. This may be rough, but hard work never really hurt anyone.

2. There should be a closer accord between the general dentist and the specialist. If there is not, both specialist and general dentist will be sitting out in the cold waiting for patients who will not arrive.

3. The general practitioner should acquaint himself with the circumstances of his own group of patients. He should understand that it is better to charge fees that can be paid than to attempt to put fees so high that they will be ignored. He should remember also that there is no reliable mechanism for collecting a bill from an unwilling debtor. There never has been. No one ever wins.

4. Any dentist should realize that his vocation is now the vocation of survival. Survival suggests that we understand people, and that we should sell our service merchandise at prices that can be paid.

The alternative will be unpleasant, to put it mildly.

60 *Charlesgate West*
Boston 15, *Massachusetts*

★ ★ ★ ★ ★ ★ ★ ★

ORAL HYGIENE AWARD

This article by JOHN W. COOKE, D.M.D., has won the $100 ORAL HYGIENE award for the best feature published this month.

★ ★ ★ ★ ★ ★ ★ ★

THE COVER

THE OLD State Capitol at Little Rock, shown on this month's cover, is one of Arkansas' historic landmarks. Little Rock will be the site of the annual meeting of the Arkansas State Dental Association, April 6, 7, 8, and 9.—*Photo by John Blundell, Arkansas Resources and Development Commission.*

Be Sure Your New Dentistry Is New

BY EDWARD L. WHARTON, D.D.S.

A FEW YEARS ago, in order to keep up with the most modern methods of dentistry, I signed up for a postgraduate course. During the course, a new technique was presented. It so happened that this idea was one which, about twenty years ago, had been tried out thoroughly and discarded as useless by all the dentists of that particular period. Trying to be helpful, I started to speak about it along that line, but before I had gone far, I was conscious of pitying looks and I could sense that the dentists, all much younger than I, were saying to themselves, "What does this old guy know about it? Doesn't he realize that this is something entirely new?" That was the last time I opened my mouth at a dental meeting. Why is it that modern youth will not learn from old age?

After graduation, my generation of dentists started to work with what we called a preceptor We stayed with him a year or so and that was our postgraduate experience. We took his words as gold and profited thereby. Today this is obsolete, I know. Pardon the reminiscence. It has nothing to do with my subject matter, but youth could save itself many headaches if, once in a while, it would listen to the experiences of mature persons. If you have read this far, do not stop now assuming that this is a recital of antiquated methods. Far from that, it concerns some

About every twenty years, old discarded theories regain popularity as "new" ideas.

most modern methods. The only catch is, all were weighed in the balance and found wanting twenty or more years ago.

About forty years ago there was a vaudeville performer who went by the name of "Paulin, the Hypnotist." Whether there were publicity agents in those days I do not know, but the story about him was that he was a famous French surgeon. In his home country he performed all sorts of operations on patients under hypnotic influence without pain. He was supposed to have given a demonstration in a dental college here. The student prepared a sensitive cavity painlessly, but he was annoyed by the excessive saliva. Paulin made the suggestion "dry mouth" to the patient and the saliva ceased to flow.

Debunks Hypnosis

Naturally, I was much interested but, before further investigation, I called on a friend of mine who, in those days, was called a neurologist. Today, had he lived, undoubtedly he would have been a psychiatrist. He spoke as follows: "It isn't much of a trick. You could easily learn it, but I would advise you against practicing it. You would be looked upon as someone uncanny. Husbands would be wary of sending their wives to you and mothers would think twice about their daughters." "However," he added, "if an improper proposal were made to a woman of high moral principles she would awaken at once."

Twenty years later a book was published under the title, SUGGESTIVE THERAPEUTICS. It was written by some physician who claimed that by using this method he cured about everything. The name was new but it was still hypnotism. Twenty years have passed with another rebirth of this idea. Why, after two false starts, is it so good now? You may try it if you wish; past performance tells me no.

Forty years ago, someone developed the theory that dissimilar metals in the teeth would establish a galvanic current and cause cancer in the mouth. This was published in the medical journals and the physicians pounced on it. We were flooded with patients sent by physicians who demanded that this condition be corrected at once. At the time I wondered why it seemed necessary to remove the alloy restorations and replace them with gold instead of vice versa. A cynical person might have thought that the fact that it was more lucrative to substitute gold had some bearing on the matter. But I knew no members of our profession would be guilty of anything like that.

The idea died in infancy, but twenty years later it returned in

a new disguise. This time it was accompanied by an instrument. This had two wires and, when they were placed on the different metals, a needle on a dial in sight of the patient quivered like the needle on your speedometer when it is in need of repair. Seeing this, the patients fairly begged their dentist to cancel all other appointments and devote full time to correcting this condition. Timorous patients even suggested the removal of all teeth. This theory left us again, but it is just about due for another comeback. If you, the younger members of our profession, will take my advice, you will ignore it. But I know you will not. It will be something "new."

Denture Theory Collapses

In the past, two dentists originated an idea to obviate the necessity of a denture in edentulous mouths. Four cores were cut in the maxilla at strategic points—the two cuspid areas and two molar areas. Perforated platinum cribs were inserted in these places and the bone was supposed to grow in the cribs. A full upper bridge was supported by these. It sounded plausible, but before tackling a case, I consulted a prominent oral surgeon. He told me that he would cut the cores if I insisted. Also he told me that the two cases on which he had tried this technique developed blood poisoning. I stopped right there. After a brief run, this idea folded, too, but it returned on schedule.

Recently, I read where someone was drilling holes in the mandible and inserting stainless steel pins in order to stabilize the lower denture. Somehow the denture was snapped on these. This is a new idea and you can have it.

How many of you, my young friends, have heard of Somnoform? It is an antique by now, but maybe you should listen to my story about it. This was a gadget which was placed over the patient's mouth and nose and, after a few inhalations, any dental operation could be performed painlessly. It had a capsule which contained a form of ether which, I believe, should be given to a patient only in a prone position. This, however, was administered to the patient sitting upright in the dental chair.

The life span of Somnoform was brief but twenty years later, right on time, there appeared an advertisement of an apparatus which enabled the dentist to do his work without causing pain. I sent for literature. The apparatus looked different, but still the medium was a form of ether. I always have been and still am a dental gadgeteer, but I buy only once.

Mouth Prop

The next two items are prophetic. Somewhere along the line came a mouth prop. It was to be placed in the mouth and was sup-

posed to keep the mouth open at the exact distance desired by the operator. It was all right except for one slight defect. It was kept in position by the pressure exerted on it by the patient. However, if the patient inadvertently opened his mouth even one millimeter, the whole thing collapsed and the patient had a mouthful of metal. This was disturbing to the patient and embarrassing to the dentist.

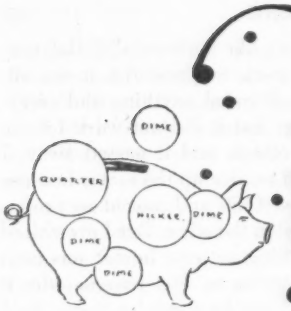
I remember a friend called me up and begged me to see him as soon as possible. He told me, with tears in his eyes, that he had committed a crime and had to unburden himself to someone. He was a teacher in a dental college and had the same experience with this prop that I had. He wanted it no longer and gave it as a prize to some pupil in one of his classes. He said that the dastardly deed haunted him day and night when he thought of this student struggling with it. This gadget is due to return. Take care.

There is another little fellow waiting patiently to jump on the merry-go-round and get off again. I await his arrival with great interest. I am curious to hear his new name and see his new make-up. His name was Ionization. A medicine was placed in a root canal. The patient held one wire while another was inserted in the tooth. The dentist turned on a motor; the current did the rest. The tooth was restored at one sitting. It cured anything and everything; but it did not work for me and others, and it passed away. I hated to give up the motor because it cost $150 and looked so professional in the office. But I grew tired of telling patients how it was used and trying to find reasons why it could not be used for them. So I gave it to a friend who in turn gave it to someone else until it lost its charm. This process is overdue, and when it does return, remember I warned you.

New "old theories" are appearing now in dental advertisements. I will not speak of them, because I have no desire to spoil any sales; although I doubt that anything I might say would curtail any sales, because these ideas are new to the young dentists.

I find that one of the greatest handicaps in continuing dentistry after many years is neither failing eyesight, trembling hands, nor weary legs. It is convincing patients that the new method which that young dentist is using on their friends is so often a discarded old idea. I can hear them saying, as did the young dentists in the class, "Too bad he doesn't keep up to date."

50 *James Street*
Newark, New Jersey



Quiz Relaxes Nervous Patient

BY CHARLES P. FITZ PATRICK

TAKE A MINUTE to suppose that a child set out to save $5 by depositing pennies, dimes, and half-dollars in his "piggy bank." Finally, when he reached his goal, he found he had accumulated 100 coins. How many coins of each denomination do you suppose made up the youngster's total savings?

And what does all this have to do with the practice of dentistry? Well, Doctor Joseph M. Taylor, a Philadelphia dentist, has found that a mind-occupying problem such as this may mean the difference between a tense and a relaxed patient. From his years of experience he has found that this is particularly true during those minutes just prior to an extraction when the anesthetic is taking effect, or the interval immediately following the removal of impression material from a patient's mouth. As he explains it, "There may be little or no real physical pain at such times but, being inactive at the moment, the patient has time to crowd his mind with disturbing thoughts that produce imagined discomforts."

When he notices a patient "tightening up," as evidenced by a rigid facial expression or hands tightly gripping the chair arms, Doctor Taylor may ask the patient if he can estimate the value of the individual coins taken from the "piggy bank." Or, he may distract the patient's attention from himself by handing him a pad of paper and a pencil, asking at the same time, "How would you link together the nine dots on this sheet using . . . only four straight lines? . . . It does not appear to be . . . too difficult a task, so the patient quickly puts pencil to paper. Probably his first effort fails but then a new approach suggests itself and he starts all over again. Doctor Taylor has found that invariably a smile will light up the

Problems that divert patients' thoughts help develop desired chair courage.

patient's face even though a half-dozen or more attempts prove unsuccessful in joining the dots with the required four lines. All evidences of nervousness are washed away as the patient runs lines from dot to dot, and once again a long-standing hobby of the practitioner's proves its effectiveness in a unique way.

Dental School Hobby

Doctor Taylor is a youthful looking man with a ready smile. When time permits, he will listen attentively to a new "brain teaser" with an interest comparable to that of a fisherman learning of a new lure. This enthusiasm was first developed while he was a student at the dental school of the University of Pennsylvania. He and several others in his class fell into the habit of searching out seemingly simple problems with unexpected puzzling factors with which to "stump" each other during free time. Taylor's interest carried over into his practice which he established during the early years of the depression. "In those days," he smiled, "folks carried not only dental fears to my office but financial and business worries as well. Probably that was one reason I fell back on my supply of quiz questions for a calming influence." Today, in his attractive and modern office in a northern residential section of Philadelphia, Doctor Taylor continues to employ "puzzlers" that seem especially suited to erasing the qualms of his individual patients.

From his experience in hundreds of cases, this dentist has found that male patients are particularly willing to accept the challenge offered by the mathematical-type problem, yet readily laugh off their failure to solve it. Women, however, seem more interested when a question concerns a problem faced by a member of their own sex.

As many other dentists have discovered, Doctor Taylor has found that the fears youngsters bring to his office are developed as a result of conversations with their elders at home. With these school-age patients he applies his calming technique while the boy or girl awaits his or her appointment. He finds that children in the elementary grades are particularly anxious to prove their mental agility. If put to work on a problem that has a similar flavor to one they might find in a math textbook, they attack it earnestly. Also, when a boy or a girl comes to the chair, there is a ready-made subject for discussion between the teen-ager and the practitioner. The dentist and his office thus take on a friendly and familiar air.

After some figuring, the brighter young patients arrive quickly at the correct solution to a standard among puzzlers that asks: If a chicken and a half laid an egg and a half in a day and a half, how many eggs would three chickens lay in two days? There is no room for worry in a mind that is trying to keep eggs, chickens, and days in their proper places. In fact, some of Doctor Taylor's patients have admitted that their memories of early visits to his office are more closely linked with problems of this sort than with the discomfort they had anticipated so fearfully. And that is the way the dentist wishes it to be.

Of course, every patient who enters Taylor's reception room and office does not wind up with a paper and pencil in his hand. As with other practitioners, he also has that type of bustling patient who keeps an appointment, glances at his watch, and snaps, "Fill it or pull it. I have to be at a meeting in twenty minutes." Also, there are elderly patients, as well as those who might be embarrassed if they stumbled a little in their search for the answer to a problem. These types and the men and women who remain undisturbed during the operations necessary to correct their dental disorders are not brought into Doctor Taylor's "quiz circle."

Because of the good results he has enjoyed through the application of this novel patient-relaxing method, Doctor Taylor believes other dentists would benefit by employing the cost-free system in cases where some calming influence is required. He has found that while helping the man or the woman in the chair to cooperate with him, it also tends to help him complete his own schedule more quickly, and with less strain. In addition, there is a decided advantage in the development of good will as patients pass along their favorable reactions to friends and neighbors.

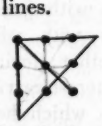
If you enjoy searching for the answer to a puzzling question or problem, try some of your favorite ones on your next nervous patient. Should you wish to use some of those mentioned in this article, you can check your answers against those given below.

Q.—The pennies, dimes, and half-dollars.

A.—One half-dollar, 60 pennies, and 39 dimes.

Q.—The nine dots and the four straight lines.

A.—

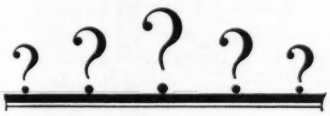


Q.—The chickens, the eggs, and the days.

A.—4 eggs.

3841 *Aspen Street*
Philadelphia 4, *Pennsylvania*

So You Know Something About DENTISTRY!



QUIZ XC

1. Space for the vertical growth of alveolar process and for the vertical eruption of the teeth is created and widened by the growth (a) in height of the mandibular ramus, (b) of the maxilla, (c) of the body of the mandible. _____

2. When is opaque porcelain indicated? _____

3. A periodontal cyst is considered (a) an infected, (b) a noninfected, lesion. _____

4. How would you improve incorrect vertical dimension (foreshortening or elongation) in a roentgenogram? _____

5. True or false? Exposure of the root surface is necessary before abrasion can begin. _____

6. Most "fast-curing" acrylic materials used in operative dentistry polymerize at body temperature in about (a) 5, (b) 10, (c) 16, minutes. _____

7. The poundage exerted on a partially edentulous side (a) increases, (b) decreases, (c) remains unchanged, with the lapse of time if no restorations are placed. _____

8. In denture work, which is more difficult, (a) obtaining or (b) maintaining, stability? _____

9. In using the electric pulp tester, the lower incisors require (a) more, (b) less, (c) the same, current as compared with the other teeth in the mouth. _____

10. What is the crevicular epithelium? _____

FOR CORRECT ANSWERS SEE PAGE 402

How to Invest in Open-end Trust Funds

Cooperative investment programs provide diversification of securities and professional management.

BY JOHN Y. BEATY

DENTISTS WHO read ORAL HYGIENE have shown so much interest in investment funds, commonly called mutual funds, that it seems wise to give more detailed information about this form of investment. One dentist was so much interested that he came to see me to discuss the subject of mutual funds as they apply to his investment program.

Probably the best way to explain a mutual fund is to quote from a booklet issued by one of the investment companies which has not just one fund, but ten. This quotation is not to be construed as recommendation for this company, although it is one of the well-recognized firms. The following is quoted from its booklet:

"*Personalized Investment,* based on the services of professional investment research organizations, was first made available to investors through the investment counsel firms, but these services are available only to relatively large accounts.

"The Keystone Plan was organized in 1932 to provide a similar personalized service to all investors—regardless of the size of the account.

"Over 3,000 securities have been analyzed and grouped into basic type classes having clearly established performance characteristics.

"*Professional Selection*—on the basis of careful comparative analysis—has developed diversified lists from each class of what appear to be the more attractive values.

"*Continuous Supervision*, designed to maintain the class characteristics of each of these selected lists, is carried out by one of the largest investment research organizations in the country.

"These professional services are available to all investors through the convenient medium of the ten Keystone Funds.

"Today more than 50,000 investors in 48 states and 17 foreign countries, including more than 1,900 trustees, corporations, insurance companies, estates, and other fiduciaries, invest in the Keystone Funds. These investments on January 1, 1951, totaled more than $200,000,000."

From this description, you will see that a mutual fund is really a cooperative investment program which provides both diversification and professional management.

Reserve Funds

In order to get an idea of how to select a mutual fund, it will be helpful to note the basis for each of the ten funds mentioned. These ten funds are divided into three groups. The first group includes four funds classified as useful for *reserves*. The first fund is made up of investment bonds selected primarily for safety. The second fund is classified as medium-grade bonds. The third one is low-priced bonds, and the fourth is income-preferred stocks. Each of these funds is made up of securities which classify as suitable for reserve funds, the chief factor being safety rather than income. The second group is designed to provide *income* and is made up of four funds described as discount bonds, high-grade common stocks, income common stocks, and speculative preferred stocks.

The third group is planned to provide *growth;* that is, securities are selected for the two funds in this group which are expected to increase in market value. The two funds are classified as speculative common stocks and low-priced common stocks.

Therefore, it is evident that, in planning a selection of investment funds, you should decide first whether you want a fund that will feature growth in market value. For example, when you have decided that you want securities which will provide an income, then find out about as many mutual funds that have portfolios of that type as you can. There are many other companies beside the Keystone and many of them have different types of funds similar to the types mentioned here

Analyze Your Needs

If you have not built up what you feel is an adequate reserve fund to be used in case of emer-

gencies or special opportunities, probably you will want to buy shares of one or more of the mutual funds which are based upon safety rather than income.

On the other hand, if you feel that you have adequate reserves set aside, you may wish to select those shares which will provide a good income. In that case, study the history of incomes from various mutual funds in order to select the one which seems to provide what you want. Before actually buying the shares, of course, you should get complete information. This information is available in the offices of investment dealers who sell mutual funds. If you do not know where to find such a dealer, the chances are your banker can supply names of several.

If you feel that your reserves are cared for properly and you have sufficient income from your practice to satisfy your immediate desires, you may wish to invest in a fund which emphasizes growth. Obviously, this type of fund is likely to increase in value faster than either of the other two, for it has the income from dividends as well as the benefit of increases in market prices. The managements of such funds make a practice of selling stocks of these funds when prices have advanced to a point where they show a pleasing growth and then re-investing the money obtained from the sale in other stocks which they feel will show a good growth later.

You may decide that you would like to have shares in some funds which are planned as reserves, in other funds which are income funds, and in still others which show growth. By buying stocks in the three types of funds, you will have a diversification of purpose as well as a diversification of security.

You understand, of course, that each fund contains many securities thoroughly diversified as to type of industry, individual companies, and in many cases the location of companies in different parts of the country. There are a few funds which specialize in one certain industry. There are other funds, however, which own securities in a variety of industries.

The important feature of the open-end fund is that you can buy shares direct from the investment company at any time and can resell those shares back to the company *at any time*. The price you pay is based upon the present market value of the stocks and bonds in the fund. The price the company pays you for your shares when you sell them back is also based upon the asset value of the fund at the time the sale is made.

The closed-end investment fund is different in that you must buy the shares on the open market and sell them on the open market. In other words, the company itself does not issue new shares, nor buy shares from its shareholders.

It should be emphasized again

that each investment program must be based upon the desires of the investor. If you are not sure what you really want, a conversation or two with an official of an investment house may help you formulate a plan. You need not feel that you are obligated to buy when you go to an investment house for information. The men there realize that an investor must first get information before he finally decides what to buy.

Wee Thistlebrae Farm
Crystal Lake, Illinois

INTERPROFESSIONAL COURTESY AND RESPECT

THERE CAN be no justifiable disagreement about the general policy of intimate and effective collaboration between physicians and dentists in all instances where the highest welfare of individual patients requires such cooperation. This is currently in development, spontaneously, in private practice and in hospitals.

But all such cooperative relations should be devoid of manifestations of delusions of grandeur. These relations can be strengthened greatly by interprofessional courtesy and respect, and improved steadily on the basis of the mutual professional ideals of *independence with interdependence* and of *coordination without subordination.*—William J. Gies, *The New York Journal of Dentistry.*

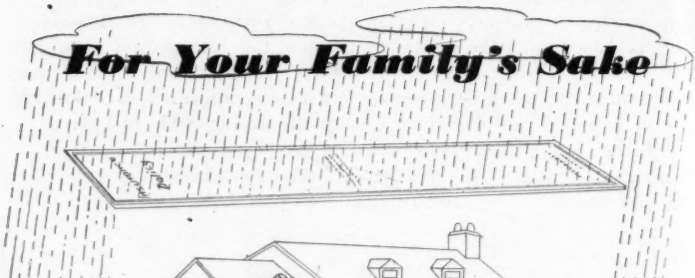
INCOME TAX AID

TWO HELPFUL books on 1951 income tax instructions written specifically for dentists and physicians are available. They are: DOCTOR'S AND DENTIST'S TAX HANDBOOK by Paul Gitlin (Prentice-Hall, Inc., 70 Fifth Avenue, New York 11, $4.95); and PHYSICIANS FEDERAL INCOME TAX GUIDE by Campbell and Liberman (Doniger and Raughley, Great Neck, New York, $2.50).

IF YOU ENTER MILITARY SERVICE

IF YOU ARE CALLED to military service, please be sure to send us your new address, and address changes as they occur, so that we may continue to send you ORAL HYGIENE. Please address ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

For Your Family's Sake



BY RICHARD CHAMBERLAIN

As a life underwriter, I am preparing this article on life insurance and retirement policies because a recent article in this same publication[1] did not give a complete treatment to this most vital subject. I trust that this information will be helpful to dentists in planning their personal life insurance and retirement programs.

The previous article used the example: Doctor X, age 40, was married and had two children. He had an established practice, owned $30,000 of life insurance, and was considering a $10,000 retirement policy which would pay him $100 per month starting at age 60. The annual premium was $810. The article disagreed with the terms of this policy and criticized retirement plans in general, going so far as to recommend regular savings plans instead.

The first thing that Doctor X should consider is not retirement income for himself, but adequate protection for his family should he be taken from them by premature death. After this question has been settled, then and only then, should he consider the retirement income. Life underwriters have studied this subject as dentists have studied theirs, and so we recommend that all insurance programs be planned carefully along definite lines to assure maximum benefits to the insured as well as to the beneficiaries. The recommended program should parallel the following outline:

1. Provide a cash fund, payable

[1] Klenk, W. C.: Retirement Income At A Price! Oral Hygiene 41:1412-1415 (October) 1951.

For sound, safe, and practical investment, serious consideration should be given to life insurance.

at death, to cover final expenses.

2. Provide a readjustment income for one or more years to enable the family to become adjusted to living on a smaller monthly income.

3. Provide a minimum monthly income for the family until the youngest child is at least age 18.

4. Provide an emergency fund, readily available for any contingencies that may arise.

5. Provide an educational fund for the children's college educations.

6. Provide for a monthly income to continue to the widow after the children have finished their educations.

7. Provide for your own retirement income in later years.

You will notice that the retirement need is mentioned last. If your insurance program is arranged properly to take care of the first six needs, you will have no retirement problem. Your regular policies will provide the retirement income needed in later years automatically.

We suggest that a program such as this be completed as far as possible right now. The minimum program should provide for the first five items mentioned above, and no thought should be given to retirement or investment policies until these family needs have been satisfied. If only part of this program is provided through your present insurance, by all means acquire some additional coverage on one of the lower premium policies at the first opportunity.

Let us assume that Doctor X lists the following as the minimum amounts for his family should he be taken from them through premature death today:

1. Cash for final expenses—$2,500.

2. Readjustment income of $300 per month for one year—$3,600.

3. Guaranteed monthly income of $200 to continue for eight additional years (assuming the youngest child to be age 9)—$19,200.

4. Emergency fund—$2,500.

5. Educational fund ($4,000 for each child)—$8,000.

6. Monthly income of $100 for his wife in later years.

7. Retirement income of $250 per month for himself at age 60.

The *total cash* needed for the first five items will be approximately $35,000. The amount needed to provide the $100 per month for his wife will depend on her age at the time payments begin but, assuming payments to begin at age 60, a minimum of $20,000 will be required. *Total cash* needed for this tentative program will be $55,000 and, remember, these are conservative amounts so far as the family is concerned.

Now, before I can make an intelligent appraisal for Doctor X, I must have complete information on his other investments and assets. Why? Simply because we need so much *cash* to provide the forementioned program for his family. He has $30,000 in his present insurance; he needs $55,000. Does he have other assets or investments that can be used, together with his present insurance, to provide for some of these needs (1, 4, and 5)? If so, we will use them wherever they can be used to the best advantage. If he has no other investments, we will advise him to acquire the additional money needed through additional life insurance. This is the only way he can guarantee this additional money for his family, effective today.

Adequate Protection First

Retirement policies are among the finest investments obtainable but they, like all policies, are designed for a specific purpose. If Doctor X has sufficient investments which, together with his present insurance, will give the family the $55,000 called for in this hypothetical program, retirement policies will be an excellent investment for him at this time. On the other hand, if he has few or no other investments, he should consider the lower premium policies, which give him more protection per premium dollar. If Doctor X does not have $25,000 in other investments, he should not consider retirement policies now. He needs additional protection, and a *lot* of it! He can own $25,000 of Ordinary Life at age 40 for only $712.75 per year. Why pay $810 for a $10,000 investment policy? If he can invest a little more, he can acquire the $25,000 on a Twenty-Payment plan, giving him much higher retirement benefits in later years.

So far as retirement is concerned, if Doctor X has $30,000 permanent insurance now (we assume this to be Ordinary Life started at age 30), and he acquires the additional $25,000 needed under the Twenty-Payment plan, he will have no retirement problems at age 60.

His Ordinary Life policy will pay him about $24,450 cash at age 60, $136.80 per month for life, or $162.35 per month for fifteen years (to age 75).[2] The new Twenty-Payment policy will pay him $22,300 cash at age 60, $125 per month for life, or $148.07 each month for fifteen years.[2] Adding these together, we find that Doctor X's *present policies*, consisting of Ordinary Life and Twenty-Payment plans, will provide him with $46,750 cash at age 60 (nearly $4,000 profit), or they will pay him a monthly income of $261.80 for life, or a monthly income of $310.42 guaranteed for fifteen years (until he is 75 years old). If payments are taken under

[2]This is based on the assumption that all dividends are left on deposit with the company.

the last method—fifteen years—the total income checks will total almost $56,000! This gives the dentist more than $13,000 profit, in addition to the protection provided.

Safest Investment

Will his premium deposits be high? Yes, sir! His family needs $55,000 *cash* in the event of his premature death and this much coverage is going to call for a rather large premium outlay. But consider for a moment any other form of investment; how much would Doctor X have to put into ordinary investments to provide this much money? Without doubt, life insurance is the easiest and the safest way of providing this money now, or many years from now.

Suppose Doctor X elects to take the monthly income for fifteen years, receiving a check for $310.42 each and every month. How much would he have to invest in ordinary investments at, say, 4 per cent to receive this same income? Over $93,000! (And *this* income would be fully taxable—now and in later years.) Total deposits on all of his life insurance policies will be less than $43,000 and the income from his life insurance will be guaranteed. Do you know of any stocks that will give you a guaranteed monthly income?

If he elects the lifetime income of $261.80, he must report 3 per cent of the cost of his policies (3 per cent of $43,000 or $1,290) as net annual income and he receives the remainder absolutely tax free until such payments equal the cost of his policies. He will be receiving $3,141.60 each year, paying tax on $1,290, and receiving $1,851.60 tax free!

If he elects to take the income for fifteen years (to age 75), he receives the entire annual income of $3,725.04 tax free until, as in the lifetime payments, the income checks equal the cost of the policies. No other form of investment offers such tremendous tax advantages as the present-day life insurance policy.

For short-term savings, put your money into government bonds, savings banks, or other savings institutions. These are excellent savings plans and they are highly recommended. If you can afford to speculate (with your money, with your family, and with your own financial future) go ahead and invest in stocks, properties, and other such investments. All the luck in the world to you! But, gentlemen, when you start thinking seriously about the various forms of investments available, please, for your family's sake, look closely at the safest, surest, and most popular form of investment ever devised—life insurance!

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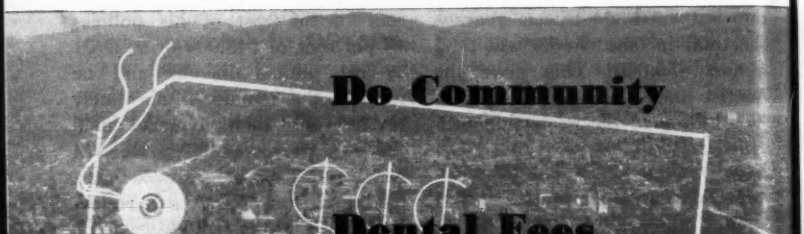
North Carolina



BY DAVID TABAK, D.D.S.

DURING TIMES of prosperity, when money keeps rolling in, interprofessional cohesiveness runs thin. The individual dentist is riding high and feels he can go it alone. It is easy to retort: "Sorry, Madam, this is my fee, take it or leave it." But in times of stress, doubt and uneasiness arise and the dentist wonders, "How much shall I charge?" "Is my neighbor underbidding me?"

"Dentistry is a health service and people buying health should not quibble over prices." Maybe. However, apart from the fact that "health" could never be bought in the first place, dental health service, unfortunately, does include the processing and sale of too many items, and this approaches ordinary merchandising. It also includes long hours of nerve-racking, mental and physical labor. The question of dental fees, therefore, has much in common with determination of wages of the general laboring public as based on working conditions.

On and off, over the years, the general dental practitioner; that is, the average, relatively low-income dental health worker, has been eyeing the workings of trade unions curiously and interestedly. Quietly, while no one was listening, he would whisper: "What would it be like if a dentist makes like a trade unionist?" Once expressed, this idea would frighten him back into his sanctified shell. "Oh no, a professional man must not think such thoughts." Then his earnings would improve and all such blasphemous thoughts would be banished.

Voluntary individual cooperation is necessary to the success of any plan of standardization.

Well, they were not exactly banished entirely, for the next time the economic cycle threatened to touch bottom, our dentist would come blinking out of his office cubicle again and start sniffing the fee atmosphere: "I wonder what my colleague two blocks away charges for an upper metal partial?" he might question. As professional men, we must not and need not follow trade union practices. However, people do ask, "How much for a filling?" or, "How much for a set of teeth?"

In view of this, why are we unable to agree on a minimum fee schedule? Well, we could and, as a matter of fact, at one time we did. We were starry-eyed and naive enough to feel convinced that professional men will get there faster, voluntarily, than laboring men would under compulsive drives of agents and organizers. We classified the cavities, agreed on a floor for fees to be charged, and pledged to abide by them. What happened? Naturally, the fees had to be adjusted upward—just a little—in order to catch the tail end of the sky-rocketing cost-of-living line. However, the minimum soon became the original maximum.

When faced by a reluctant patient, a harassed dentist was tempted to whisper: "Look here, Mrs. Smith, according to this official chart I should really charge you XYZ dollars, but confidentially, it will be Z dollars only." Then the busy dentist became suspect by his colleagues: he must be working for less. Allowances should be made for professional health workers who perform services for nothing or for little, who treat friends and relatives, or who are just beginning their practices and, eager to establish themselves, offer to work for less.

However, much as we tried to camouflage and ignore it, a basic hurdle kept creeping up and now stands as the fundamental difference between a trade union worker and dentist. In trade unions, the work is measurable and predictable; hence, it can be priced in advance. On the other hand, dentists have been virtually screaming from the rooftops that the most humble restoration is an operation with its own distinctive features and, therefore, cannot be bunched together with others and the patient charged so much for each. It is not only unethical but impractical to fix fees *a priori*.

Community Standardization

Thus, the economy-conscious dentist had to beat a slow retreat from his flirtations with trade-union practices but, again, the problem was shelved, not solved. "My sister-in-law had a set of beautiful teeth made for X dollars. She is perfectly satisfied.

Why do you ask for double pay?

In their uninformed way, people kept comparing and complaining until a group of well-established, realistic men decided that some semblance of standardization of fees for comparable service in a given community must be established. By that time, it became obvious that sheer facts of life have a way of overriding and nullifying a professional aura. Dentists of average ability practicing in a community of average or below-average means were forced to listen and give civil answers to questions of "How much?" and "Why?" When you inserted a denture in a patient's mouth and told him that it is a health service rather than a piece of merchandise, he remained skeptical of the "health" angle, remembering that his cousin had *his* denture made for less. So, finally a fee schedule which promised to answer the purpose was adopted. By not carrying it too far, we hoped to maintain our dignity and self-respect. However, this proved unenforceable. Honor pledges were just dandy—until testing time. Then later, many claimed they had never pledged. Even those who did, refused to abide, finding loopholes and excuses. They positively refused to surrender any of their office sovereignty by having their books examined. These oscillations reflect the hybrid nature of present-day dental practice. So long as the dentist continues to be both a physician and a mechanic, a professional and a tradesman, he will be torn between the proud dignity of a "doctor" and the compulsion of the market place.

270 *South Third Street*
Brooklyn 11, *New York*

EVERY FOURTH TAXPAYER MAKES A MISTAKE

FOR BETTER or worse, one out of every four income tax returns contains appreciable errors. Some are honest mistakes, but many are not. To snare evaders, the government this year will employ some 20,000 revenue agents and auditors and will spend over 100 million dollars.

If your income is under $10,000, the chance that your return will be audited is about one in twelve. In the $10,000-$25,000 bracket, you have a one-in-six chance of getting double-checked. But if you earn more than $25,000, your return will get a going-over positively.

Most errors favor the taxpayer and, the higher the income, the more frequent the errors. To track down these income-reporting offenders is a major project of the Bureau of Internal Revenue. One way is to check a man's net worth. Thus, the Bureau finds out how, on a $6,000-a-year income, the person is managing to keep up with the $25,000-a-year Joneses.—*Medical Economics.*

Dentists in the NEWS

Watertown (New York) Daily Times: Captain Edgar M. Miller, a Lowville, New York, dentist until he went on active duty with the Army, has been awarded the French Croix de Guerre for gallantry in action with the 23rd infantry regiment of the second division in Korea. Captain Miller is the only permanently assigned dentist with the 23rd regiment, one battalion of which is a French unit. The regiment, now on temporary reserve duty, was in both the Heartbreak Ridge and Bloody Ridge battles.

Denver (Colorado) Post: Doctor Clarence Holmes, Denver dentist, spends even his sleeping hours, it is said, thinking out plans for relieving and removing racial tensions in his city. The Negro dentist says about 60 per cent of his patients are white. His dental office is regarded as a racial melting pot where thoughts of differences in color and religion are almost nonexistent. "I have hopes that some day relationships between men will not be strained by hatred and prejudices," Doctor Holmes says.

The balding dentist is president of the Denver Cosmopolitan Club, interracial-interfaith social organization. He is a member of the Mayor's Committee on Human Relations, a charter member of the Denver Interracial Committee, an active worker with local offices of both the National Association for the Advancement of Colored People and the Urban League, a member of the Colorado Committee on Racial Equality, and is active with the East Denver Improvement League. And Doctor Holmes even finds time to work with the Glenarm branch of the YMCA and to be active in local and national politics.

Iosco (Michigan) County News: After five years of hard work, citizens of Tawas City and East Tawas, Michigan, are realizing the materialization of their dreamed-of and long-needed hospital. Ground was broken for the project early last October and according to Doctor John D. Le Clair, Tawas City dentist who has served as president of the Tawas Memorial Hospital Board for the five years, completion of the building is assured by next fall. Recently the local post of the Veterans of Foreign Wars presented a community achievement award to Doctor Le Clair for his work on the hospital project.

Little Rock (Arkansas) Gazette: When his "itching foot" led Doctor Lee McKinley to visit Alaska in 1946, he never dreamed he would end up as a flying dentist in Anchorage. But after one look at Alaska, the young dentist returned to Detroit, loaded his wife and six children (there are seven now) into a car and his equipment into a truck, abandoned his ten-year-old dental practice, and headed back up the Alcan Highway to Anchorage. The going was rough at first, but since that time, his practice has grown steadily and now he heads the only dental supply company in Alaska.

Many of Doctor McKinley's patients came into Anchorage from hundreds and even thousands of miles away, riding commercial airliners or, more often, the plane of a bush pilot. The expense

of their transportation was a far greater consideration than the dentist's bill. Seeing the need for dentistry in isolated hamlets, Doctor McKinley learned to fly and today he visits distant villages by air whenever he hears of the need of a dentist in a certain community.

Brooklyn (New York) Eagle: Doctor Scott A. Christenson could write a book covering his professional experiences in Hollywood. As a studio dentist, he not only performs routine dental services, but also provides such exacting moving picture needs as the recent set of gold bands for June Allyson to wear in the Metro-Goldwyn-Mayer picture, "Too Young to Kiss." Unlike usual orthodontic equipment, Miss Allyson's had to be snappy, photogenic, and removable.

But all Doctor Christenson's patients are not Hollywood beauties. On a warm afternoon last summer, the dentist's staff rushed into action to prepare for an emergency case; a broken tooth needed immediate attention. At a scuffling outside his door, Doctor Christenson hurried to the reception room to find MGM's animal trainer carrying a mass of fur and fury—Joe, the chimpanzee, with a broken tooth!

Laredo (Texas) Times: At a recent meeting of the Webb County (Texas) Soil Conservation District No. 337, Doctor Lawrence A. Wright, Laredo dentist, was re-elected chairman of the group. The organization has done much with control of brush as well as development and growth of native grasses.

Milwaukee (Wisconsin) Sentinel: Making something useful out of waste material has been a hobby of Doctor Fred H. Bowman, Milwaukee dentist, since 1908. Years ago, when he went hunting and fishing in Wisconsin's North Woods, he noticed the great waste in the forests after trees were cut down and the huge piles of sawdust around the sawmills. His interest led to experiments with sawdust and other waste materials such as plant fibers, cattail down and leaves, milkweed pods, and the leaves of the yucca plant.

Using a gas burner, two steel plates, and a small hand press, Doctor Bowman compressed various combinations of these materials with numerous types of bonding agents to form small panels which he hopes can be used by the building industry. Experimental panels made so far can be worked like lumber. They can be sawed, drilled, painted, and even wallpapered. Some panels made from sawdust and special bonding agents withstand great pressure. Panels could be made for exterior or interior use, depending upon the strength needed. They have not been used commercially yet, but lumber companies are interested in Doctor Bowman's methods of producing a cheaper building material.

St. Louis (Missouri) Post-Dispatch: The Bucholtz twins, James and Joseph, have followed their father's advice to stick together—but their choice of profession was not according to his wishes. As boys, they wanted and planned to be dentists and, rather than help supervise their father's business interests, they both entered Marquette University Dental School. They studied together, graduated together, and have practiced together for twenty-five years in Milwaukee. With a third brother, Robert, they share a six-chair office. Joseph, the older twin by some thirty minutes, takes care of the young patients, James handles the crown and bridge work and inlays, and Robert does most of the oral surgery. It is difficult to tell the 48-year-old twins apart. They dress alike, wear amber-rimmed glasses, have graying hair, and speak in the same soft, yet incisive, tones.

Columbus (Ohio) Citizen: The children who are patients of Doctor John

R. Hamilton of Columbus have no fear at all of a trip to the dentist. The magic this bachelor dentist uses to pacify the children is in the form of a Polaroid Land camera. He finds that they are so fascinated by the idea of getting their picture right after it is taken, they never even whimper. He is using the camera more and more to reassure frightened children. Some of the small patients have as many as ten pictures of themselves. Originally, Doctor Hamilton bought the camera to take pictures in connection with his denture work—for his record and for lectures. However, it has proved to be an even more effective method of allaying the child's dental fears than the old gimmick of playing with a bit of mercury, the elusive "quick-silver."

St. Paul (Minnesota) Dispatch: Major Peter M. Margetis, recently on a month's leave in St. Paul after more than a year in Korea, gave glowing reports of the fine work of the Army Dental Corps in Korea. Fast-moving, compact mobile outfits keep in direct touch with men in the foxholes. In this way, a man can walk back from the front lines to a mobile dental unit if his teeth need attention, Major Margetis explained. "Each mobile unit is as well equipped as a dental office in the States," he said.

Many of the dental officers in Korea served in other branches in World War II and then took dentistry in their post-war schooling. These officers have been especially valuable in critical phases of the fighting when they could fill in gaps caused by casualties. When called upon, they serve as liaison officers, take charge of front-line traffic, and on rare occasions have led ground attacks.

Dental officers have provided support for the Medical Corps by assisting medical officers in emergency operations at the front, setting splints, and giving blood transfusions.

Major Margetis, who holds the Bronze Star for meritorious service, expected to be reassigned to Camp McCoy, Wisconsin.

Awards for items published in this month's DENTISTS IN THE NEWS have been sent to:

Louis N. Feipel, 312 Eleventh Street, Brooklyn, New York.
Mrs. E. O. Samuels, 413 Bruni Courts, Laredo, Texas.
W. L. Berry, 1711 Center Street, Little Rock, Arkansas.
Mrs. George J. Roach, 708 Knox Street, Ogdensburg, New York.
June R. Gregg, Box 105, Bainbridge, Ohio.
Mrs. Elmer Pye, Route 1, Box 119, Hales Corners, Wisconsin.
Aldine Weis, 828 Marshall, Webster Groves 19, Missouri.
Mrs. Thad Cummings, 1770 Lafayette, Denver 18, Colorado.
Adeline E. Cohen, Uptown Station, Box 125, St. Paul 2, Minnesota.
Mary C. Lynch, Box 85, East Tawas, Michigan.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

THE DENTIST IN THE SOCIOCOSM

DENTISTRY IS part a biologic science and part a mechanical art. Dentistry is also part of a general social structure and as such should conform to a body of laws for the social sciences. The person who is a dental patient reacts individually and uniquely to the dental experience. This person also lives in an environmental field that influences his dental disease. He also lives in an economic framework that determines the type and kind of professional service that he will receive. This totality has been called by two writers in *Science*[1] the *sociocosm*.

Dentists who have been trained to think of the cells and tissues and their reactions within a biologic organism may have difficulty in adjusting their sights to think of total man interacting within the sociocosm. A few significant quotations from the article by Leaver and Brown may be helpful to us in securing a clearer orientation:

"Man is a biologic organism embedded in the sociocosm, and the two are growing at different rates. Stresses thus set up between man and the matrix in which he is embedded cause tension, helplessness, and strife. Because of its fundamental properties the sociocosm is continually outgrowing man's ability to cope with it. Dilemmas in the fields of business, politics, and economics, which have arisen in the past and will continue to arise, have their source in our failure to comprehend the existence, let alone the properties, of the sociocosm."

"The sociocosm differs from the living organism in that its components include *different* kinds of things, whereas the individual components of an organism are all the *same* kind of thing."

"That the biologic organism (man) changes at a much slower rate than do most components of the sociocosm is evident in the products of human industry, such as the automobile, motorized wheel chair, and various methods of communication, which could very easily make legs

[1]Leaver, E. W., and Brown, J. J.: The Need for General Laws in the Social Sciences, Science **114**:379-85 (October 12) 1951.

unnecessary within fifty years. Obviously, no type of biologic evolution that we know of could possibly eliminate human legs in fifty years. Comparable biologic changes have taken place, but only over periods of time of the order of perhaps a million years. Biologic evolution cannot possibly keep up with the development of products of our industrial organization . . . The sociocosm, which is the totality of all these machines, products, men, and organizations, is changing at a much faster tempo than man, the most adaptable biologic organism known."

"The simplest organism is far more highly organized than the strictest totalitarian state. In spite of the well-known fact that the cortex is influenced by the rest of the body, in any sane individual the cortex controls behavior more or less explicitly. In the social organism, on the other hand, the explicitness of control is not only poorly defined, it is commonly not certain that it exists . . . No society has anything really corresponding to the central nervous system of biologic organisms. There is no single control element, corresponding to a brain, which determines the course of our actions. On the contrary, as a society we are pushed this way and that according to the vagaries of pressure groups, mass hysteria, or sheer accident.

"The biologic organism is so completely and intimately organized that only cells could possibly be members of such an organization. The lowest slave under the most ferocious totalitarian state could never achieve the degree of submission required by the organic type of organization."

The body and mind of man evolve slowly. The matrix in which man lives and has his being changes rapidly. In many respects his body cannot keep pace with the pressure exerted by the sociocosm. Diseases of maladaptation result. Dental disease would appear to be among them.

Dentists are caught in other currents generated within the sociocosm. In an attempt to regulate and control, the political organization of the sociocosm has set up public health laws, public health programs, and is now steadily advancing toward control of the individual treatment of disease. The dentist of the present must know infinitely more than the cellular behavior of the biologic organism. He must also be aware of how that organism functions in the sociocosm.

Edward J. Ryan

California Dentist

Aids West Coast Defense

BY TERRY HANSEN

Frank R. Burton leads auxiliary Coast Guard flotilla in organized civilian maneuvers.

YOU WOULDN'T think there would be much connection between a dentist and an eight-mile-long bridge, but in the San Francisco-Oakland area there is. Suppose enemy planes sneaked through American defenses and dropped a bomb on the vital eight-mile-long bridge that links San Francisco with Oakland.

Such enemy action would isolate San Francisco and its 800,000 citizens from the larger East Bay communities of Oakland, Berkeley, Alameda, and Richmond. An area comprising three million persons would be crippled seriously. With the bridge gone, transportation would be snarled and the movement of seriously wounded persons and important supplies sorely hindered. Coast Guard vessels which could be assisting in these duties would be far out at sea, miles from the American shoreline. Despite this host of problems, however, the situation is not entirely hopeless.

A vital coastal defense area such as San Francisco and Oakland relies tremendously upon Coast Guard auxiliaries, formed during World War II to assist regular Coast Guard vessels that would have to patrol the seas far out from American shores during an emergency.

This is where the dentist comes in.

He is affable, stockily-built Doctor Frank R. Burton of Berkeley, commander of a flotilla of 24 ships —one of the many Coast Guard auxiliaries that would swing into immediate operation if an enemy struck the United States. "I'm just a landlubber at heart," Burton says, but then adds with a shrug, "However, I guess what we're doing is important to the defense of America."

Doctor Frank R. Burton, second from left, commands a 24-ship Coast Guard auxiliary that would swing into action should an enemy attack the San Francisco-Oakland Bay area. The Berkeley, California, dentist is shown here checking his cruiser's fire extinguisher. With him are Kenneth Bliss (left) and William George, flotilla members.—**Earl Rose photograph.**

The Berkeley dentist's own boat is a 34-foot, 21,000-pound cabin cruiser, the "Eloise," which he completed building himself in 1944.

If the vital San Francisco-Oakland Bay bridge were knocked out, Burton and his flotilla of ships would carry supplies, move wounded persons, and protect the Berkeley sector of the Bay area waterfront. In addition, the small auxiliary boats would tow disabled craft, throw water on structures ignited by a bomb's blast, and help seek out saboteurs.

Burton's flotilla is ready for action, too. Every week it stages practice sessions. For instance, the members go aboard an 87-foot Coast Guard cutter on training exercises and then on their own ships they head out for the open seas where they practice anything from rescuing a person from the icy waters to navigation checks. Often

Doctor Burton must work late into the night on his flotilla commander duties, despite his heavy dental practice.

As head of his Coast Guard unit, he is responsible for its training program. Two years ago, he instigated a training program which is attended now by over a hundred men. The idea is to furnish a heavy complement of sea-worthy men who, in case of an attack and serious disaster, could take the place of regular flotilla personnel and perform their duties.

Also, Doctor Burton must see that each craft in his group of ships is inspected regularly. Fuel and oil lines must be in perfect shape; fire extinguishers in good working order; life lines intact and in readiness; and two-way radios tuned properly.

The activities of the flotilla squadron are not necessarily dominated by heavy work. The men have an enterprising entertainment committee which sees to it that dances and other social activities are scheduled.

The Berkeley dentist has had the salt water smell in his nostrils ever since, as a youth, he worked in a Portsmouth, New Hampshire, shipyard during World War I. "I was too young to get in the Navy, so I did the next best thing and helped build ships," he said.

When Burton graduated from the University of California dental school in 1925, he bought a 30-foot power boat and dubbed it the "Penguin." Three years later he got rid of it and proceeded to forget about all types of boats until 1939 when he got the idea for his present craft.

The cabin cruiser has a 50-watt sending and receiving radio set, a 22-tube record player, and sleeping facilities for six persons.

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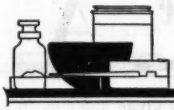
El Cerrito, California

WHEN YOU CHANGE YOUR ADDRESS

When you change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to Oral Hygiene, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

¿WORK?

Work is something that when we have it, we wish we didn't; when we don't have it, we wish we did; and the object of most of it is to be able to afford not to do any some day.—*Chicago Daily News.*

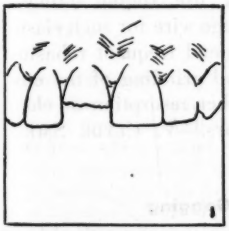


TECHNIQUE of the Month

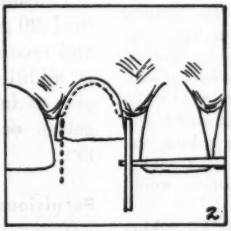
Conducted by W. EARLE CRAIG, D.D.S.

Drawings by Dorothy Sterling

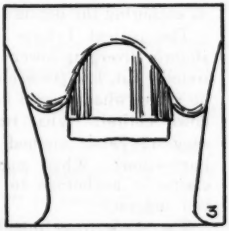
Method of Restoring Anterior Teeth



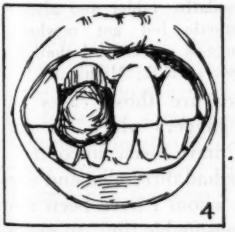
The case: upper left central incisor badly broken, but vital.



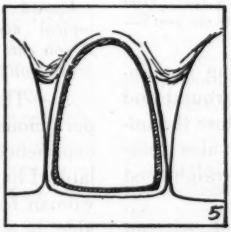
Parallel the walls and prepare shoulder on the fractured tooth.



Using 22-carat, 30-gauge plate, make gold band similar to band for hollow metal crown, fitting tight at the gingival margin.



Press inlay wax over the band, filling space. Have the patient bite. Remove wax and take colloid impression with band in place.



Lubricate the band on the inside and pour diolite model. Carve crown on band to desired shape with window. Cast.

Cement crown in place and fill the window space with plastic. The result is a better-fitting crown at the gingival than can be secured with a full casting.

Q ASK Oral Hygiene A

Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Elongated Cuspids

Q.—Lately I have had several patients with flat ridges request lower dentures. For these cases, I kept the two cuspids for the purpose of getting some stability. I have one such patient now. I have been unable to get good impressions and have not come to a definite conclusion as to the best method of anchoring the denture to the cuspids.

The patient I have now has long, slightly diverging lower cuspids and extremely flat, low posterior gingivae with no ridges whatsoever. I hate to turn him down entirely. What trays would you suggest? What method of taking the impression? What materials? What clasps or anchorage to cuspids would you suggest?

The stock trays intended for taking impressions of jaws with anteriors still in place are not satisfactory, as the cuspids are so long and high and the posterior ridge so low that I cannot get to the back for the height of the front cuspids. If I should make a tray, what kind and method would you suggest?—H.H.V., Ohio.

A.—Usually these long remaining cuspids should be ground and shortened somewhat before the impression is taken, and also their divergence can be straightened somewhat by grinding.

After this, I find that, without too much trouble, I can get a satisfactory impression with a perforated hydrocolloid or alginate tray, the borders of which have been extended down with utility wax until the wax will carry the soft impression material down to the buccal and lingual attachments no matter how much resorption there has been in the edentulous areas.

I usually use round stainless steel .20 gauge wire for such clasps and recommend frequent rebasing or additional grinding of the cuspids as further resorption or elongation occurs,—V. Clyde Smedley.

Pernicious Gagging

Q.—In all my years of practice I have never run into a case of gagging quite the equal of one this morning. You can hardly put a mouth mirror in this patient's mouth, let alone a tray. He claims to have had this condition for years.

I used a sedative tablet and also a topical anesthetic but got nowhere. If you can suggest a remedy I shall be greatly obliged.—J.R.B., Michigan.

A.—There are those cases of pernicious gaggers which, in my experience, have been uncontrollable. I have had three men and one woman for whom I have been unable, in a reasonable time, to make intraoral exposures of the maxillary molar region. However, in a recent case in which the man had never been able to tolerate a film

in the maxillary molar region, I finally succeeded in obtaining good molar exposures.

I convinced him that it was in his power to control the gagging. Then, through the expedient of having him hold his mouth open for ten minutes, followed by the application of topical anesthetic, he controlled the gagging. My partners use topical anesthetic and/or the A. C. troches when taking impressions, and I believe they finally have always succeeded in obtaining an impression.—GEORGE R. WARNER.

Retained Root Tip

Q.—The enclosed roentgenogram shows a first molar and the third molar area from which a third molar was extracted approximately ten years ago. The patient says she knows definitely that the dentist broke off a root tip and did not remove it.

There is no pain and everything looks normal to me in this area. Would you advise taking the tip out or leaving it alone?—U.B.J., Minnesota.

A.—Nearly always we find macroscopic evidence of infection around retained root tips when they are moved, so we advise their removal in virtually all cases. And we have had some remarkable recoveries from rheumatic manifestations upon removal of such root fragments.—GEORGE R. WARNER.

Hypertrophic Gingivitis

Q.—One of my patients, a young boy of 15, suffers from epileptic attacks. In the last year or so he has been taking dilantin sodium which has produced a marked hypertrophy of the gingival tissue surrounding the teeth. We have been administering vitamin C in an effort to control this hypertrophy since it is obvious that he cannot dispense with the dilantin sodium.

We are interested in knowing what treatment, if any, is advised for this hypertrophy of the gingivae.—J.K.O., New Jersey.

A.—Hypertrophic gingivitis resulting from dilantin sodium medication is most difficult to control. Surgical removal of the gingivae has proved unsuccessful. Some writers report some benefit resulting from frequent prophylactic treatments in connection with especially thorough home care. One of my correspondents reported good results from the application of 20 per cent solution of zinc chloride. Others, aside from yourself, have found vitamin C medication ineffective in controlling this type of gingivitis.—GEORGE R. WARNER.

Postoperative Sensitiveness

Q.—Could you advise me if there is any cavity lining or drug preparation which can be used under amalgam restorations to prevent the restored tooth from being sensitive to cold after the restoration is placed?

I always use a base under restorations when it is indicated according to the depth of the preparation. In addition, I have tried silver nitrate, zinc chloride, and a commercial preparation. None of these seems to prevent the tooth from being sensitive to cold for some time after the restoration is placed.—R.T.Y., Iowa.

A.—We, as well as some other operators in this region, have found that the Gottlieb treatment

of cavities with zinc chloride and potassium ferrocyanide, before placing amalgam restorations, will reduce postoperative sensitiveness. —GEORGE R. WARNER.

Saw-Edge Ridge

Q.—Here is a puzzler. A 67-year-old woman had her lower anterior teeth extracted about three years ago and this was followed by the insertion of an immediate denture. However, she is unable to wear the denture comfortably; while she wears it, she has continuous pain. I have relieved the denture over the anterior area, and told her to try it for two weeks to see whether she gets any relief. Otherwise, I suggest that the gingivae will have to be laid back and the bone in this area smoothed to do away with the saw-edge surface. Is this the right treatment, or would you suggest relining the denture?—J.H.W., South Dakota.

A.—You have suggested the right treatment for the saw-edge of the anterior alveolar ridge of the mandible shown in your roentgenograms. In our experience, a denture can never be made comfortable with a marked saw-edge ridge such as your patient has.—GEORGE R. WARNER.

Sterilizing Agent

Q.—Recently during a clinic at the Minnesota meeting, one of the dentists recommended the use of a saturated solution of potassium iodide and precipitating this with silver nitrate as a sterilizing agent.

The purpose of using potassium iodide is to avoid getting the black silver precipitate. Please advise me if there are any advantages or disadvantages to using those two solutions instead of silver nitrate and eugenol.—S.D.M., Minnesota.

A.—As I can find nothing in recent dental literature on the use of potassium iodide with silver nitrate to avoid a black precipitate, I should like to know the name and address of the clinician who advised this procedure.

Silver nitrate is incompatible with soluble iodides, with which it forms insoluble salts of silver. This may act as ammoniated silver nitrate when it is precipitated by eugenol, formaldehyde solution, or photographic developer. But why there would be no discoloration, I do not know.—GEORGE R. WARNER.

Mercurial Poisoning

Q.—The skin under the nails of my index and middle fingers of both hands becomes itchy and then starts weeping and becomes sore. The skin is dark or bruised and cracked open.

First, I thought it was due to monocaine solution, so I used a finger stall when injecting—with no results. Then I thought it might be caused by picking up instruments from the tray. Later, I caught myself scraping the soft amalgam from the sides of the mortar with my finger nail before rolling it into a soft ball. When my index finger became sore, I switched to my middle finger. Now it is sore.

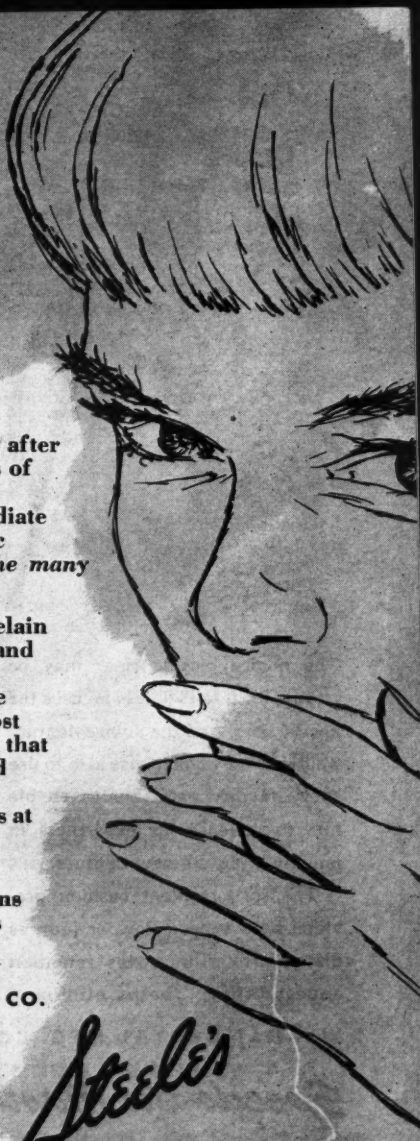
I have stopped using my fingers to pick up amalgam from the mortar, but my fingers are still sore. Do you think it is mercury poison? What would you advise?—W.E.H., Pennsylvania.

A.—I suspect the trouble under your finger nails is mercurial poisoning. The history would indicate

THE PATIENT

WILL BE

Grateful



Anterior bridge restorations placed in the mouth immediately after extraction spare the patient days of embarrassment. The only tooth completely suited to these immediate extraction cases is the Trupontic tooth. And this is but *one of the many* advantages of Trupontics.

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May we suggest, Doctor, that more of your anterior restorations could well utilize the advantages inherent in Trupontics?

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Steele's

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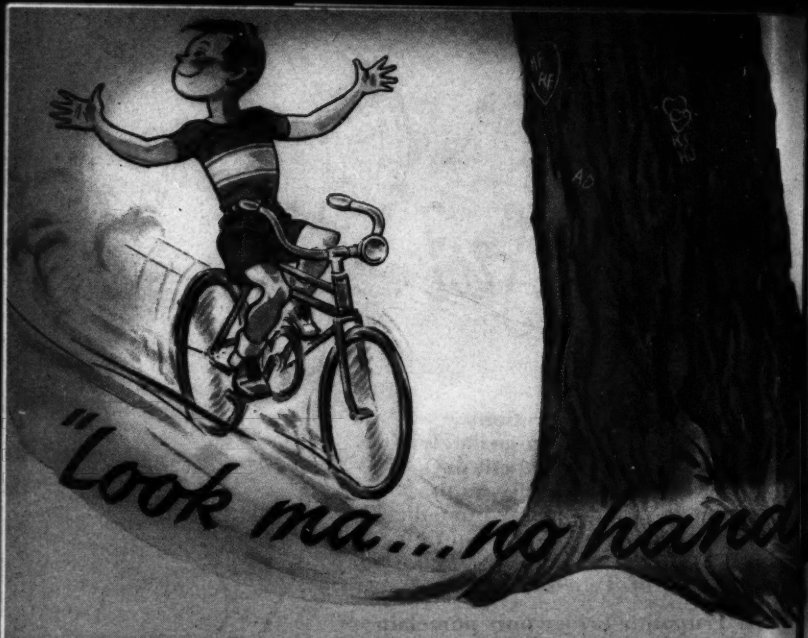
IN NEW HUE SHADES



The novice bicycle rider may be "riding for a fall" unless he uses the handle bars. And the novice denture wearer often finds it wise also to use every facility available to enable him to increase his expertness in manipulating the new denture.

The soft, resilient cushion provided by Wernet's Powder reduces discomfort . . . improves retention and stability . . . helps eliminate awkwardness . . . builds up self-confidence. In cases of structural abnormalities Wernet's Powder helps compensate for the anatomical difficulties and promotes greater usefulness of the denture and greater comfort. Such patients appreciate both the dentist's skill in designing a perfectly fitting denture and his recommendation of Wernet's Powder to minimize their handicaps.

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WERNET DENTAL LORE

MARCH 1952

According to modern dental scientists, the teeth of Americans are decaying six times as fast as dentists can fill them, working at top speed. This is largely attributed to the high national consumption of sugar: 100 lbs. average per year, as compared with 20 lbs. 100 years ago. Experimental evidence indicates that sugar is equally cariogenic, whether as natural sugar or refined.

• • •

Children can't vote! According to a spokesman for the British Dental Association, dental care for over 90% of Britain's school children is being entirely neglected under the government health program, because of the undue emphasis on prosthetic service for adults. To date 7,000,000 sets of dentures have been made for Britain's total population of 48,000,000.

• • •

One of the early great families in 19th century American dentistry were the Parmlys, notable also in Europe. In two generations 18 Parmlys became practicing dentists, the most famous being Dr. Eleazar Parmly, who (with brother Levi S.) added greatly to the meager stock of contemporary dental literature.

• • •

More dentists are interested in prosthetics today than any other phase of dental practice, if one is to judge by the findings of a recent survey, asking dentists to indicate the subjects most favored as topics for dental meeting clinics. In the replies, prosthetics led by a wide margin, with oral surgery and operative work running second and third in preference.

• • •

Do women have more teeth than men? Do people with the most teeth live longer? Such used to be the common belief, held even by that early comparative anatomist Aristotle.

• • •

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that, and reports of similar cases substantiate the idea. If the trouble is from mercury, your fingers will not recover for a long time, judging from a similar case which I have seen.—GEORGE R. WARNER.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ XC

(See page 375 for questions)

1. (a) growth in the height of the mandibular ramus. (Sicher, Harry: Oral Anatomy, St. Louis, C. V. Mosby Company, 1949, page 121)
2. In porcelain jacket crowns and bridgework to neutralize an unduly discolored natural tooth or a metal framework when metal is used. (Grossman, L. I.: Handbook of Dental Practice, Philadelphia, J. B. Lippincott Company, 1948, page 284)
3. (a) an infected lesion. (Thoma, K. H.: Oral Surgery, Vol. 2, St. Louis, C. V. Mosby Company, 1948, page 1075)
4. (a) By improved alinement of the tooth and through change in the previously used verticohorizontal angulation. (Lozier, Matthew: Evaluation and Correction of Faults and Errors Most Frequently Encountered in Practice of Intraoral Roentgenography, Oral Surgery, Oral Medicine and Oral Pathology **2**:199 [October] 1949)
5. True. (Robinson, H. B. G.: Abrasion, Attrition, and Erosion of Teeth, Health Center J. Ohio State University **3**:27 [December] 1949)
6. (b) 10 minutes. (Trembley, Vincent: Use of "Fast-Curing" Acrylic Material in Operative Dentistry, J. Canad. D. A. **16**:250 [May] 1950)
7. (b) decreases. (Tylman, S. D.: Crown and Bridge Prosthesis, ed. 2, St. Louis, C. V. Mosby Company, 1947, page 213)
8. (b) maintaining stability. (Dykins, W. R.: Full Denture Equation, North-West Den. **29**:37 [January] 1950)
9. (b) less. (Gottlieb, Bernhard; Barrow, S. L.; and Crook, J. H.: Endodontia, St. Louis, C. V. Mosby Company, 1950, page 173)
10. The epithelium covering that portion of the gingiva from the gingival margin to the line of attachment of the epithelium at the tooth surface. (Goldman, H. M.: Periodontia, ed. 2, St. Louis, C. V. Mosby Company, 1949, page 18)

FIRST WOMAN DENTIST

THE HISTORY of most major professions reveals that they have been dominated by men, and when women sought to invade those sacred precincts of masculine activity, great consternation usually arose. Precedent and custom decreed that woman had no place in the world other than in the home and that to aspire to a professional career was unthinkable. Dentistry was not immune to this theory and women were barred from admittance to dental schools. But, with fierce determination, Lucy Hobbs Taylor conquered these obstacles and achieved wide recognition as a woman dentist.

Lucy Beaman Hobbs wanted to be a physician and while teaching in Brooklyn, Michigan, she studied medicine for a short time with a physician. In 1859, at the age of 26, she applied for and was refused admittance to Eclectic Medical College in Cincinnati, and was advised by the president of the college that she might find a more satisfactory career in dentistry.

After several disappointments in seeking preceptorships, finally Lucy was accepted by Doctor Samuel Wardle who permitted her to study in his office. To support herself, she worked during the evenings sewing. She continued her apprenticeship with Doctor Wardle, gaining in skill and knowledge until 1861 when she made application to the Ohio College of Dental Surgery. Again, the story was the same: women were not acceptable for the study of dentistry. On the advice of Doctor Wardle, Lucy decided to practice without a dental degree and on her twenty-eighth birthday, March 14, 1861, she opened her own dental office in Cincinnati. But a month later, with the onset of the Civil War and the accompanying perilous times, Lucy Hobbs moved to Iowa, where she practiced in Bellevue and McGregor. She was elected unanimously to the Iowa State Dental Society in 1865 on the basis of her growing reputation, and finally was admitted to the Ohio College of Dental Surgery in November 1865.

In April 1867, Doctor Hobbs married James M. Taylor, a veteran of the Union Army, and later taught him to practice dentistry. In December of that year Doctor Taylor and her husband moved to Lawrence, Kansas, where they opened joint offices and soon developed a lucrative practice. There she continued to practice until a few years before her death in 1910.

Doctor Lucy Hobbs Taylor achieved her objective, and her place in dental history is secure as the woman who conquered prejudice and precedent, preparing the way for women to become practitioners of the science and art of dentistry.—RALPH W. EDWARDS, *Bulletin of the History of Medicine.*

LAFFODONTIA

A patient who complained of digestive troubles was told by a specialist that he was drinking too much and would have to knock off.

"Well," said the patient, "what am I to tell my wife?"

The doctor thought for a few minutes, then said: "Tell her you are suffering from syncopation. That will satisfy her."

The patient did as he was told. "What is syncopation?" asked his wife.

"I don't know," said the husband, "but that's what he said."

When her husband had gone out the wife looked up the word in the dictionary, and found that it meant: "Irregular movement from bar to bar."

★

The wife and daughter of Lieut. Berry were halted by a sentry on duty who had orders to allow no one to enter by that gate.

"Sorry, but you'll have to go around to the main gate."

"Oh, but we're the Berrys."

"Lady, I don't care if you're the cat's meow! You can't go through this gate."

★

Friend: "Where have you been these last few years?"

Man: "At the university, taking medicine."

Friend: "And did you finally get well?"

★

Wifey—"I suppose you've been to see a sick friend—holding his hand all evening!"

Hubby—"If I'd been holding his hand, I'd have made some money."

1st Cat—"I bought this dress for an absurd figure."

2nd Cat—"I'll say you did."

★

Old Crank (to mother of baby who is crying): "That child is spoiled!"

Mother (indignantly): "He ain't either, all my children smell that way."

★

"I think it's a disgusting state of affairs when one reads of comedians earning more than senators!"

"Oh, I donno. On the whole they're funnier."

★

The two or three hundred of the club being addressed after luncheon by a stuttering, laborious speaker, remained dead silent, at the conclusion of the talk. Then as one man they arose and started for the speaker's table. Being a small, rather timid soul, the speaker turned to his neighbor and stuttered in fright, saying:

Speaker: "I hope I said nothing to offend any one!"

President: "Oh, that's all right. It's not you they're after! It's the man who brought you."

★

Tramp at back door: "Madam, I don't know where my next meal is coming from."

Lady of the house: "Well, this is no information bureau."

★

She: "Henry, dear, we've been going together now for more than ten years. Don't you think we ought to get married?"

He: "Yes, you're right—but who'll have us?"